

United States of America  
Department of Transportation -- Federal Aviation Administration  
**Supplemental Type Certificate**

*Number*

SR09328RC

ST2030RC-R

KJ -170

*This certificate issued to*

Petroleum Helicopters, Inc.  
P. O. Box 90808  
Lafayette, LA 70509

*certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 29 of the Federal Aviation Regulations.*

*Original Product -- Type Certificate Number:* H10SW

*Make:* Bell

*Model:* 214ST

*Description of Type Design Change:* Installation of Air Methods Articulating Patient Loading System (APLS) in accordance with Petroleum Helicopter, Inc. drawing list PHI-214-DL-0011 revision IR dated March 3, 2001 or later FAA approved revisions.

*Limitations and Conditions:* Compatibility of this design change with previously approved modifications must be determined by the installer. If the holder agrees to permit another person to use this certificate to alter the product, the holder shall give the other person written evidence of that permission.

*This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.*

*Date of application :* March 20, 2001

*Date reissued :*

*Date of issuance :* October 03, 2001

*Date amended :*



*By direction of the Administrator*

(Signature)

Carl F. Mittag, Manager  
Rotorcraft Certification Office  
Southwest Region

(Title)

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of the Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

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### TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number \_\_\_\_\_

to (Name of transferee) \_\_\_\_\_

(Address of transferee) \_\_\_\_\_

(Number and street)

\_\_\_\_\_  
(City, State, and ZIP code)

from (Name of grantor) (Print or type) \_\_\_\_\_

(Address of grantor) \_\_\_\_\_

(Number & street)

\_\_\_\_\_  
(City, State, and ZIP code)

Extent of Authority (if licensing agreement): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Transfer: \_\_\_\_\_

Signature of grantor (In ink): \_\_\_\_\_